



Subject	Date	Policy #
ITS Business Continuity Policy	November 2018	ITS – 7.1
	Application	Supersedes
	ITS Security	ITS – 7.0
	Distribution	
	All Departments	
Recommended	Approved	
 Preston D. Marx, VP Information Systems	 James I. Marshall, President & CEO	

1.0 Purpose

This policy defines the standards and procedures for business continuity during and after an interruption in normal business workflow. The policy does not attempt to specifically filter ITS response by severity or type of interruption or disaster. The intent is to provide general direction and protocol to the ITS staff and UBH employees in the event of a system failure.

2.0 Scope

The policy applies generally to all areas of the organization acknowledging that the true scope of the plan will be determined by the size and duration of the interruption or disaster. This policy is meant to work in conjunction with other organizational and departmental level continuity plans and should not be given precedence over established plans.

3.0 Policy

Overview

The primary objective of all business continuity plans is the safety of people, and then the protection of company assets. On this premise we strive to identify risks to our ITS systems and have a plan to: avoid, mitigate or transfer these risks within the confines of fiscal and practical boundaries.

Printing PHI data should not be printed as a rule, however, when the EMR is inaccessible the following general guidelines should be followed. Priority is given to departmental workflow modifications so long as the integrity of the data the patient privacy is maintained.

Planned or Short-term EMR Outages

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When downtime of the EMR is planned or if the duration of the outage is expected to be less than 4 hours, the clinical team will begin documenting care using pre-printed forms. These forms should closely mirror the workflow and data gathered within the EMR.

When system access is restored, the data is manually keyed into the EMR from the forms. Once the data has been totally transcribed, then the form can be destroyed, unless a provider signature has been captured on the form. All other documents should be scanned into the EMR.

Long Term Outages

When downtime of the EMR is expected to be greater than 4 hours, the clinical team will begin documenting care using pre-printed forms. These forms should closely mirror the workflow and data gathered within the EMR.

When system access is restored, the forms are scanned into the EMR constituting the medical record for that visit. Discrete data elements can be manually keyed, but is not required. The medical records department should assist with all documentation decisions during an extended outage.

Change of Physical Location

If circumstances arise where the current physical location of our care area must be moved; it is the intention of Uintah Basin Healthcare that the EMR move with them. Where feasible, a network connection will be established in the new location and access to the EMR will be facilitated.

If the EMR cannot be utilized in the new location, our procedures dealing with long term outages will be initialized until EMR communication can be restored.

Other Considerations

A periodic technical and non-technical security evaluation must be performed after environmental or operational changes occur that may affect the security of ePHI.

Uintah Basin Healthcare understands that patient care must continue regardless of circumstances. We recognize the EMR as a valuable tool in our care delivery; however, its accessibility should not halt our processes. Good workflow, precautionary measures and patient safety must remain paramount.